

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 31, 2023

Debra Waynick RDP Rehabilitation, Inc. 51145 Nicolette Dr. New Baltimore, MI 48047

RE: License #: AS630411268

Progressions 2086 S Rochester 2086 S Rochester Road Rochester Hills, MI 48307

Dear Ms. Waynick:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Stephanie Gonzalez, LCSW

Stephanie Donzalez

Adult Foster Care Licensing Consultant

Bureau of Community and Health Systems

Department of Licensing and Regulatory Affairs Cadillac Place

Ste 9-100 Detroit, MI 48202

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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS630411268

Licensee Name: RDP Rehabilitation, Inc.

Licensee Address: Suite 102

36975 Utica Road

Clinton Township, MI 48036

Licensee Telephone #: (586) 651-8818

Licensee Designee: Debra Waynick

Administrator: Debra Waynick

Name of Facility: Progressions 2086 S Rochester

Facility Address: 2086 S Rochester Road

Rochester Hills, MI 48307

Facility Telephone #: (248) 710-3015

Original Issuance Date: 07/14/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/27/2	2023	
Date	e of Bureau of Fire Services Inspection if app	licable:	N/A	
Date	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: License	e Desigr	3 3 nee/Admin	
•	Medication pass / simulated pass observed?	' Yes ⊠	〗No □ If no, explain.	
•	Medication(s) and medication record(s) review	ewed? \	∕es ⊠ No ⊡ If no, explain	
•	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain. Meal preparation / service observed? Yes No I f no, explain.			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.		
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [• ,		
•	Incident report follow-up? Yes \boxtimes No \square If	no, expl	ain.	
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (please explain) No ☐	N/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The facility did not complete an evening hours fire drill during the 3rd quarter of 2022. The facility did not complete evening hours and sleeping hours fire drills in the 4th quarter of 2022.

A corrective action plan was requested and approved on 01/27/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Stephanie Donzalez

Stephanie Gonzalez

Licensing Consultant

1/27/2023

Date